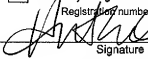


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).)</i>		Docket Number (Optional) 16534-526002US	
Application Number 10/692,563		Filed October 24, 2003	
For SUBSTITUTED TETRACYCLINE COMPOUNDS FOR THE TREATMENT OF MALARIA			
Art Unit 1612		Examiner S. N. Qazi	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee	\$130
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Small Entity Fee	\$65
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))		\$245
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))		\$1110
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))		\$1730
<input type="checkbox"/>			\$865
<input type="checkbox"/>			\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0311</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input checked="" type="checkbox"/> attorney or agent of record. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
<input type="checkbox"/> Registration number if acting under 37 CFR 1.34			
 Signature		February 9, 2010 Date	
Heidi A. Eriacher Typed or printed name		(617) 348-4909 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			